FOR STATE director. Page our files. Boar State the ge 5 may and 2 with 72 hours a M3. Page PM3. Pa pages 1 xecuted in Item 18. Givenong with form PA ing" in pencil in Its se's Office along v se a burial-fransit p removal, and in a iate, writing the word "pending"
the Chief Medical Examiner's C TR: Page 3 should be used as a b vrior to burial, cremation, or rem certificate sh prior forwarded to the 240 p VS. A15ME

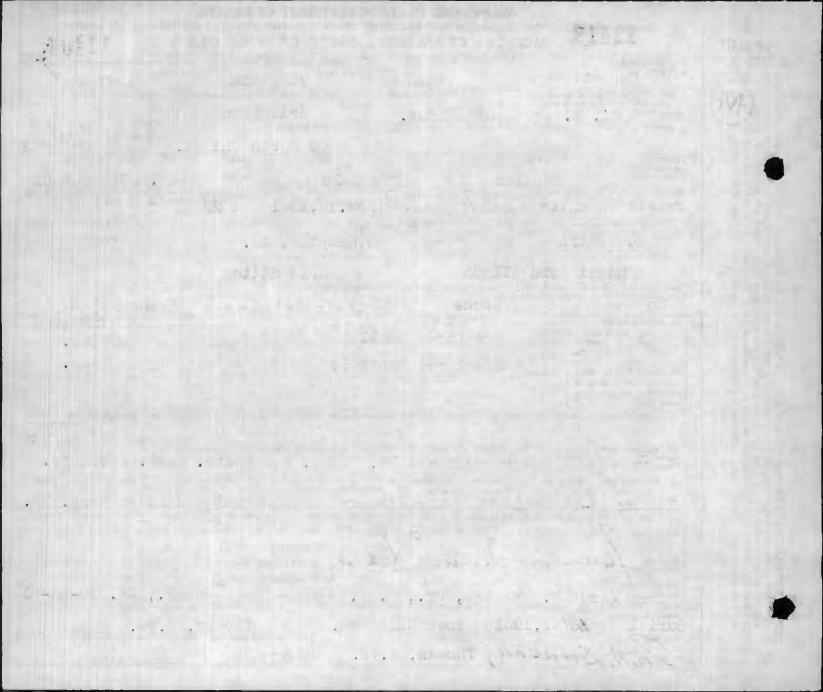
5M 9/60

HEALTH DEPT. 1. PLACE OF DEATH a. COUNTY Garrett b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Mi. W. Red House NAME OF DECEASED (Type or print) Edgelon female WIDOWED 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 13 FATHER'S NAME Edgel Ford WILSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year While usase execute the certificate, a should be forwarded to the FUNERAL DIRECTOR death resulted from: Natural causes EXAMINEA'S NAME (Iype) James H 228. BURIAL, CREMATION, 226. DATE THEREOF Z0/25,1961 Burial 23. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of TATISTICAL RESEARCH AND RECORDS, **EXAMINER'S**

Item 9 Film G298 USUAL RESIDENCE (Where decessed lived, If institution: Residence before edipission) b. COUNTY Virginia MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Arlington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2001 North Uhl YES TO NO TY 4. DATE Middle DEATH 19 Arnold Oct 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. day birthdey) Nov.12,1941 DIVORCED 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Kempton, Md. USA 14. MOTHER'S MAIDEN NAME Marie Hilton 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address marie Welson KEMPYON. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH Fractured Skull Mins. Mins. Fractured Mandible PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO W 20b. DESCRIBE HOW INJURY OCCURED, IEnter nature of injury in Pert I or Pert II of Item 18.) Auto accident Rt. 50 Nr. Red House. Husb. operator. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While et work et work . Hi chway Rural Red House Garr. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry Ty and in my opinion Undetermined manner Accident X **S**uicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) Oak Feaster Jr. M. D. Addi 22d. LOCATION (City, lown, or country) Rose Hill Cem. Thomas, W.Va. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Vecucall Thomas, W. Va. DATOCT 2 5 '61 Chilling & Trans



PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HE

VR A15 (4) 15M 9/59

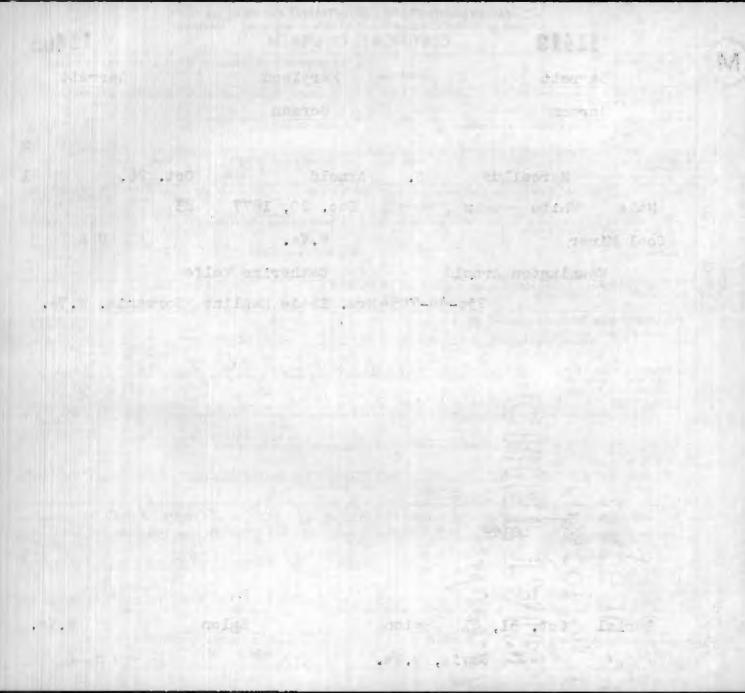
TO FUNCERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fine bage 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health prior la burial, crematian, or remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11419

11405

o. COUNTY	Garrett		MARYLAND	o. SIATE Maryl	ce (Where decease	b. COUNTY	-	rett
RURAL and give n	If outside carporate limi earest tawn) Gorman	ts, write c. LENG	TH OF STAY IN 16	Gorn		arate limits, write R	URAL ond give n	nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street oddress)		d. STREET ADDR	RE5S			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Marce		Middle S.	Arnold	4. DATE OF DEATH	Mon	28,	Day Yeor 19 61
S. SEX	6. COLOR OR RACE	7- MARRIED N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.
Male	White	WIDOWED T	DIVORCED	Dec. 20	, 1877	lost birthdoy) 83 yrs.	Months Days	s Haurs Min.
Coal M	ON (Give kind of work a king life, even if retired iner	done 10b, KIND OF	BUSINESS OR INDU	W.Va		country)		SA
13. FATHER'S NAME				14. MOTHER'S MA				
	Washingto	T			erine W			
15. WAS DECEASED EVI (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of a	errice)		NFORMANT		Add		
		236-	44-7054]	drs. Kati	e Henli	ine Gor	mania,	W.Va.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	(b), and (c).	stery 1	lenas	ec		NTERVAL BETWEEN NSET AND DEATH Z
Canditions, if a gove rise to cause (a), stating	the under-	Mey	o cara	bal hij	edigate,	Tarle	re	340
PART II. OT PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	.) (c HER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BU	T NOT RELATED TO THE	ETERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of inj	jury in Part I or Po	rt II af item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	While _ Not	CCURRED 20e. Pl while wark	ACE OF INJURY (Hometory, street, office bld	ne, form, 20f. (Citalg., etc.)	ly or tawn)	{Count	y) (Stote
21. I certify the	at (I) (this hospital	1 - F. M.	1 1	Marcet 28 death accurred a	- 4			that (I) (wa) las
22a. SIGNATURE	5 Ma	nce_		M.D. ATTENDING X	MED.	STAFF PHYS.	36	226. DATE SIGNED 2-90CHOL
22c. PHYSICIAN'S' NAME (Type)	A.E.MANCE,	M.D.		22d. ADDRESS	IRD ST.	OAKLAND.	MARYLA	ND
23a. BURIAL, CREMATIC REMOVAL (Specify Burla	Oct.	31, 61	Eglon	OR CREMATORY		ATION (City, town,	ar county)	(State) W.Va.
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADI	DRESS	250	o. REC'D BY REGIS		STRAR'S SIGNAT	TURE
Mayne	1. Muy	Devri	a W. Wa.	DA	TE ANA 3	'61 C	arthur 9 +	Toma



MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 W. preston street, Baltimore 1, MARYLAND

11420 CERTIFICATE OF DEATH 11446

							all willing to
1. PLACE OF DEATH	ſ	*	11	SIDENCE (Where	dacessed lived, If in		ce before admission
Garrett		MARYLAND	a. STATE	arvland	b. COUNT	arrett	
b. CITY OR TOWN (if outside corporete limit	s, e. LENGTH OF STAY IN 16			rporete limits, write l		neerest town)
	give neerest town)	5 days	A com	ellin			
Oakland	TAL OF INSTITUTION IS	f not in hospital, give street address)	d. STREET AC				. IS RESIDENCE
o. Manie of House	THE OR HASHIOHOM (I	i noi in nospital, give sireel eddress)	d. SIRECI AL	DRESS			ON A FARM?
Garrett	County Mem	ormal Hospital					YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Dey	Yeer
(Type or print)	Addie	Myrtle	Ashby	DEAT	H Octobe:	r 10	19 61
5. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	-	9. AGE (In years I		IF UNDER 24 HRS.
W-wala		WIDOWED DIVORCED	Court out ou	2 1880		Months Days	Hours Min.
Fema 19	White		September	E (County & Stete, o	72 yrs.	1 12 CITIZEN O	F WHAT COUNTRY
done during most of wo	rking life, even if retire	d)	II. BIKEDPEAC	E (County & Stelle, C	or totaldit contitty)	12. 011261	WINT COUNTY
Housew	rife	Own Home	Tucker	County,	W. Va.	United	States
13. FATHER'S NAME			14. MOTHER'S N	SAIDEN NAME			
Peter A	dams		Saral	h E. Roy			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.		2000	Address		
(Yes, no, or unkown) (I	fyes give wer or detes of se		Ctomlow A	abber Cmo	173 WA	(has above	160
-	FETH Hater only one	cousa per lina for (e), (b), and (c),	Stanley A.	snoy, cre.	TITIE, Ma.	(husbar	ERVAL BETWEEN
	H WAS CAUSED BY	Course ber inna for (a), (b), and (c)		, .	1 44 Do		SET AND DEATH
	IMMEDIATE CAUSE (e)	METESTATE CE	~anou	NAL	LUUV		_
153.8	DUE TO	0	0 1				11
Conditions, it eny	, which) (b)	(including)	0 (00	04/		2	- MAN
gave rise to immadi	iata cause		1/				V
(a), stating the u	n derlying						
cause lest.	(c) (c)	TIONE CONTRIBUTING TO BE ATURNET	107 BM 4 TED TO THE	TERLIBLE DISEASE	COMPLETION CIVE	1 IN DART 1/-3: 46	O MAS AUTORSY
PART II. OTHER	CSIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT !	NOT KELATED TO THE	E TERMINAL DISEASI	CONDITION GIVE	NIN PART (III)	PERFORMED?
5						Y	res NO
2Do. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING	206. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of in	jury in Part I or Pert	II of item 18.)		
UF EITHER, NOTIFY	MEDICAL EXAMINER						
ZOc. TIME OF INJU	RY Month, Dey, Yes	or 2Dd. INJURY OCCURRED 2De. P	LACE OF INJURY (Ho	me, larm, ' 201. (C	ity or town)	(County)	(State)
20c. TIME OF INJU		177111101101 17711110	ectory, street, office bl	dg., etc.)			
The second second	<u>a</u> 19	at work at work			A (-)	10 (1	
21. I certify t	hat (I) (this hospit	al) attended the deceased from	July		October		
saw the deceas	sed alive of Octo	ober 10 19 61, and th	at death occured	1:250 fro	m the causes a	nd on the da	ite stated above
220. SIGNAFORE	TV			1			22b, DATE
1	12000	A 1/40	ATTENDING PHYS.	MED. DIRECTOR	STAFF	10/	SIGNE
22c. PHYSICIAN'S	, Cx your	Xacros	M.D. PHIS.			14	11/4)
NAME (Type)	T T Bassmi	Carteria W B		_	and		
1		gartner, M. D.		nd, Maryl			
23a. BURIAL, CREMATI REMOVAL (Specify)		23c. NAME OF CEMETER	Y OR CREMATORY		CATION (City, town		(Stele)
Burial	10/13/6	0akland Cem	etery	(Oa	kland	Ma	aryland
24 FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	2		STRAR 256, REGI		
He wild	11 min	nich Oakland, Ma	ryland	OCT 16'6	anth	47 S. Through	

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death of Page 4 may be retained by the hospital or attending physician.

IO CONERAL DIRECTOR: After this certificate has been signed by the attending physician and containing the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

114 SWALL! 9-771-11 Internal Tableton attended described The state of the s THE STREET The second of the second second second THE RESERVE OF THE STATE OF THE STATE OF Committee of the Commit And the state of t THE SALE STREET SHOULD INSTRUCTIONS

11421

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 11407

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY Garrett	MARYLAND	STATE Maryla	and countryGarr	ett
CITY III outside corporate limits, write RURAL	LENGTH OF STAY		rate limits, write RURAL and give n	
TOWN KITZMILLER	55yrs.	X TOWN Kitzmi	iller	
HOSPITAL OR INSTITUTION OR		STREET	(II rural give location	n)
street ADDRESS Main Street	Colon	Mai	in Street	
3. NAME OF (first) (M DECEASED	liddle)	(Lest)	4. DATE (Month)	(Dey) (Yaar)
(Type or Print) IDA BE	LIE BA	RRICK	DEATH OCT.	11, 1961
5. SEX 6. COLOR OR 7. SINGLE, MARRIED	B. DATE O	F BIRTH	9. AGE last birthday IF UND	ER 1 YEAR IF UNDER 24 HRS.
Temale White (Specify) Widowip Divo	owed May 1	3,1874	87 yrs. Months	Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or loral	gn country)	12. CITIZEN OF WHAT
HOARGIEWORK OWN I	nome	Preston Co.,	W.Va.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
John A. Garner		Virginia	Ellen Mosser	
	SOCIAL SECURITY NO.	17. INFORMANT & A	DORESS	
(Year no or unk.) (If Yes, give war or dates of sarvice)	32 21 17	39 Arlie Bar	rick, Kitzmil.	ler. Md.
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- A	۱ م		ONSET AND DEATH
IMMEDIATE CAUSE (A) LLC	ute Corone	y Humbon	9	Dealonon
ANTECEDENT CAUSE(S) DUE TO	3/	/T X		100
DISEASES OR CONDITIONS, IF ANY, (B)	young Hea	is do mune		345.
STATING UNDERLYING CAUSE LAST. DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF	F OPERATION			20. AUTOPSY?
THE STATE OF STREET, STATE OF S				YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi	farm, factory, 2 ice bldg., etc.)	11c, WHERE DID INJURY OCCUR	(Coty or town)	unty) (Stata)
While	Not while	21f. HOW DID INJURY OCCUR	?	
M. at work	k 🔲 at work 🛄	=/ (1)		
22. I hereby certify that I attended the decease	ed from.	, 19.5.5, to WCT.	3.46	I last saw the deceased
alive on 6 CT. 10, 19 6 /, and 1	hat death occurred at.	12.55% from the c	auses and on the date sta	ted above.
SIGNATURE	,	ADDI	RESS (Street, city, town, stete)	DATE SIGNED
Mulph Calpulation	M.D.	it muller.	Med. Vet.	12-61
3. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or coun	ity) (State)
Burlal Oct. 14/6/	I.O.O.F. Ce	metery	Elk Garden, Mi	ineralco.W.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		29. FUNERAL DIRECTOR'S		ADDRESS
207 1 0 101		V/ m X-	teachless.	plaine w w

AL DEDMITTE STATE DEPARTMENT OF STRAITS STATE OF A THAT IS CERTIFICATE OF DEATH , AND THE PARTY OF STREET After this by of this

the registrar within 72 hours after in by the funeral director, the M

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial figuration permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be ex The bottom copy may be retained by the hospital or attending physician, INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11422

CERTIFICATE OF DEATH

Reg. Dist. No.

V	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY GARRETT MARYLAND	STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL LENGTH OF STA'	Y CITY (If outside corporete limits, write RURAL end give nearest town)
OR and give neerest town) TOWN KITZMILLER 50Yrs.	X OR TOWN TOTAL TET TO THE
HOSPITAL OR	TOWN KITZMILLER STREET (If rurel give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS WILLOW STREET	' WILLOW STREET
3. NAME OF (First) (Middle) DECEASED	(Lesi) 4. DATE (Month) (Day) (Year)
(Type or Print) LAURA VIRGINIA	BELL DEATH OCT. 15,1961
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE less birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WILCOWED D	ec. 24, 1877 83 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT
done during most of working life, even # OR INDUSTRY retired OUSEWOLK OWN Home	COUNTRY?
	Garrett Co., Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
) SIMON PETER COPLEN	SUSAN E. SHARPLESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
[Yes, no, or upk.] (If Yes, give wer or detes of service)	Mrs.Roy Robison, Elk Garden, W. Va.
18, MEDICA	L CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
LA CHARLEST CAUSE (A) Charle My	ormend huntham 4 days
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS IS ANY. BY CEVELY LE	mye with of Suls familyer with
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	571
(C) Atylina	3 Jus
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	YES NO TO NO TO NOTE: NOTE: NO TO NOTE:
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Zic. Where SID HODEY OCCOR? (Cily dr lown) (County) (Sinte)
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d, TIME OF INJURY (Month) (Day) [Yeer] (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While _ Not while	
M. et work et work	15 Not 5 /1
22. I hereby certify that I attended the deceased from	19.55, to Cot 1.5., 19.6.1., that I last saw the deceased
alive on D. M. 19, and that death occur	rred at
SISNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
Malph Calaudulla M.	
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (Stete)
Burial Oct. 17/61 Philos	Cemetery Westernport, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
NY COST 1 7 161	Clarette Marklown plaine W Wa.

WE THEN STATED FOR THE OF HEALTH-BALTIMORE, TO

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and the transfer of the second party of the second control to the

AN ARCHIO

A Control of the second

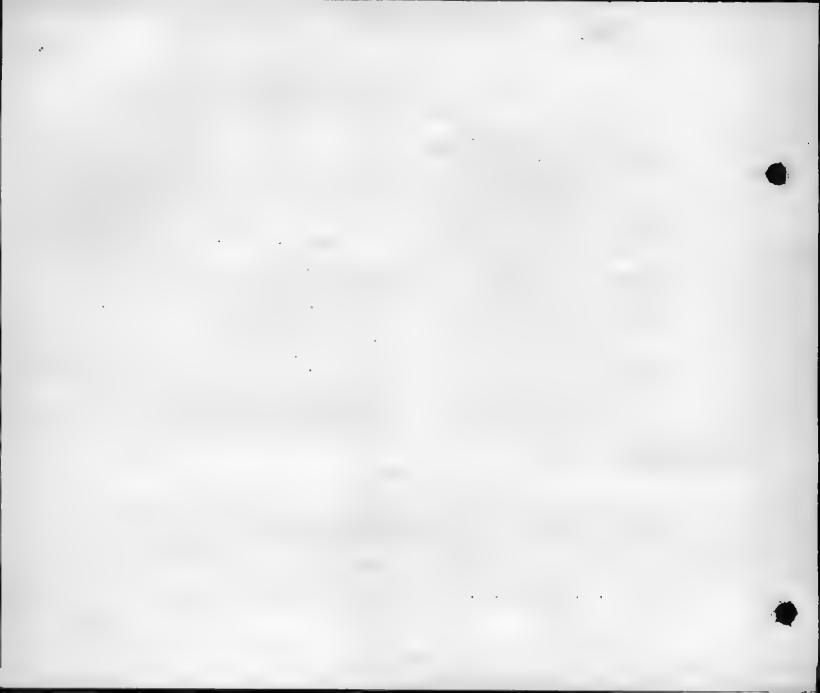
VR A1S (4) 15M 9/59

11423

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11409

1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI		an: Residence before admission)
Garrett	MARYLAND	Marylar	nd b. COUNTY	Garrett
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town) Oakland	c. LENGTH OF STAY IN 15	C. CITY OR TOWN (IF a	outside carporate limits, write f	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give	street address)	d STREET ADDRESS		e. IS RESIDENCE
Garrett County Mem	orial Hospital			ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Moi	nth Day Year
(Type or print) Mary	Martha Martha	Bittinger	DEATH Octobe	er 10 1961
5. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years tast birthday)	
Female White w	DOWED DIVORCED	July 30, 189	12 69 yrs.	
100. USUAL OCCUPATION (Give kind of work dan during most of working life, even if retired)	e 106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own Home	Jennings,	Maryland	United States
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Thomas Gilpen		Mary Jan	e Fletcher	
IS WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Add	dress
no	none	Olive V. Glot	featy. Accide	ent. Md.
1B CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c) }	/	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	LA Marris	2414 2/ 1/1	1111114	7 - 1 / -
DUE TO				
Canditians, if any, which) (b)	(11/11 5	eli dech -		(2)
gave rise to immediate DUE TO	¥	7		/
lying couse last (c)				
PART II. OTHER SIGNIFICANT CONDIT	IONS <u>CONTRIBUTING TO DEATH BU</u>	T NOT RELATED TO THE TERM	inal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Port II of stem 18.)	
20c. TIME OF INJURY Manth. Day, Year Haur a.m. 19		LACE OF INJURY (Hame, form actory, street, affice bldg., etc		(Caunty) (State
21 I certify that (I) (this haspital) a	ittended the deceased from.	12	, to October	10, 19.61, that (I) (we) las
saw the deceased alive an	19 and that	death accurred at 8:22	A, from the causes a	nd an the date stated above
220 SIGNATURE	1111	M D PHYS D	ED. STAFF RECTOR PHYS	22b DATE SIGNED
22c PHYSICIAN'S NAME (Type)		22d ADDRESS		1/2 4/10
	M. D.	Oakland,	Maryland	
23d BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C ty, lown,	ar county) (State)
Burial 10/14/61	Rhodes Ceme	tery	Garrett	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
Iterald 11, prunne	Oakland, Ma:	ryland DATE OF	CT 16'61	Suns S. France



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if Institution: Residence befo a. COUNTY a. STATE **b.** COUNTY MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (I outside corporate imits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town? RD_2, Frostburg Lifetime Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF Middle 4. DATE DECEASED (Typa or print) DEATH Caton Helen October 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BRTH AGE (In years | IF UNDER 1 YEAR lest birthday) Months DIVORCED WIDOWED Female 10a. USUAL OCCUPATION (G va kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Grocery Store Clerk Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna P. Burdock James Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyas give war or dates of service) Marshall Caton, RD 2, Frostburg, Md. 214-34-1549 18. CAUSE OF DEATH (Enter only one cause par light for (s), (b), and (c).) PART I, DEATH WAS CAUSED BY: Remia Couto Myoid IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION 208. ACCIDENT WAS UNDERLY NG COR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of 'njury in Part I or Part II of tham 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar Not While factory, straat, offica bldg., atc.) Whila 21. I certify that (I) (this hospital) attended the deceased from 30) to 1 OC + 19.6 / that (I) (we) last saw the deceased alive on 11 OC + ATTENDING 22a. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Typa) Whitworth. Bedford St., Cumberland, Md.

FUNERAL dir. 0 VR A15 (4) 15M 9/60

the did 2 sath.

remove

\$ 0

and

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Specify)

Burial

23e. NAME OF CEMETERY OR CREMATORY Finzel Cemetery

23d, LOCATION (City, fown or county) RD 2, Frostburg,

256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Frostburg, Md.

ADDRESS

PARET 1 6 '61

Garrett

Dav

USA

D. IS RESIDENCE ON A FARM? YES NO

19

ONSET AND DEATH

PERFORMED?

NO T

SIGNED

Md.

IF UNDER 24 HRS.



1 A FOR STATE HEALTH DEPT DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after de trany delay is necessary, case execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Theilth, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

1	17425 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11411
,	1. PLACE OF DEATH • COUNTY CAPPETT	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before edm ssign)
н	. COUNTY GARRETT	a. STATE b. COUNTY	
١ŀ	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and	erset 1
1	write RURAL and give nearest town) Hours		g va naarast town)
4	Oakland XDXXX	Somerset, Pa.	1 × X .
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
4	(DOA) Garrett Coem. Hospital	453 West Main St.	YES NOX
	3. NAME OF First Middle	Last . 4. DATE Month	Dey Yaar
M	DECEASED	OF	
Н	(Type or print) Chester B E	golf DEATH Oct. 31st	· 1961
ZI.	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
	Male Thite WIDOWED DIVORCED	Sept. 9, 1900 Gl yrs. Months D	lays Hours Min.
\pm	108. USUAL OCCUPATION (GIVE kind of work 106. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY?
	dom during most of working life, exemificational Lending		C A
		Pennsylvania U	. J. A.
1	13 FATHER'S NAME	14. MOTHER'S MA, DEN NAME	
н	Frank Egolf	Emma Hinson	
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	UAA.
1	(Yes, no, or unkown) ((Ifyes givawar or detes of servica)	ife) Grace Egolf Somerset.	100
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ife) Grace Egolf Somerset,	
П	Branch Branch Mark College Col		ONSET AND DEATH
н	IMMEDIATE CAUSE (a) Lyocardial Inf	atction	Sudden
1	72 C A DUE TO		
1	Conditions, if any, which (b)		
-1	gave rise to immediate cause		
1	(a), stelling the underlying DUE TO		
ı	cause last. (c)	Authorities (MAPPEN Inc.)	
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1,0) 19. WAS AUTOPSY PERFORMED?
1	Hypertensive		YES NO TO
1	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Pert II of Item 18.)	
П	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Hypertensive 20a. External cause was PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (E. CAUSE OF DEATH.)		
- 1		Co of hillips III.	
1		CE OF INJURY (Hame, farm, 20f. (City or tawn) (Countary, street, office bldg., etc.)	(Y) (State)
1	≥ pm. 19 at work et work		
1	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X. Inquiry X.	and in my opinion
	death resulted from: Natural causes X. Accident . Suici		
1			
н	ACTUAL M. 11 To. To. A. L.	CHIEF MEDICAL EXAMINER	
П	SIGNATURE Lynn A. Plenter Jak.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
н	EXAMINER'S	DEPUTY MEDICAL EXAMINER	10-31-61
ı	NAME (J/P) James H. Feaster, Jr., I.	D. Address (Street, city, town, or county) Oakland,	I.d.
	22a. BURIAL, CREMATION,[22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, lown, or country)	(Stete)
	Removal (Spec (y) 40/31/1961	Somenant	
-	23. / UNIRAL DIRECTOR ADDRESS	Somerset, Penna	PALA TUDE
	Dakland,		
	1. Juguno C Vaniana,	DATE	2, , , , , ,



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before edmission) a. COUNTY **b.** COUNTY 906 Garrett MARYLAND c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporeta lim ts, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) rural Friendsville minutes Oakland Rt a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? YES NO Φ 3. NAME OF First M ddle 4. DATE DECEASED DEATH (Type or print) Clarence William . 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8, DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) 5 m how Lale WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Driver Gasoline USA Oakland, aryland pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3. Charles Fulk Lucie Hauser it, File event 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) William Fulk Keedysville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Buo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Moran paje 1 in 4233 7 77 IMMEDIATE CAUSE (a) Ø DUE TO s a burial Conditions, if any, which' (b) gave rise to immediata causa DUE TO (a), stating the underlying ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO Te -04 2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] writing t e Chief A Page 3 sl MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, form, 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year While Not While factory, straat, office bldg., etc.) Hour a.m. at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy |, Inspection Inquiry M and in my opinion forwarded to DIRECTO Natural causes 3 Hom crde Undetermined manner Accident 1 **7**Surcide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME Mypa Address (Street, city, lown, or county) 1 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or country) REMOVAL (Specify) 40 8 Gortner Cemetery Burial Garrett 23. AFUNERAL DIRECTOR 24a REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. ATSME Orthur S. Thous Oakland. Maryland | DATE OCT 3 1 '61 SM 9/60

LAND STATE DEPARTMENT OF HEALTH



11427

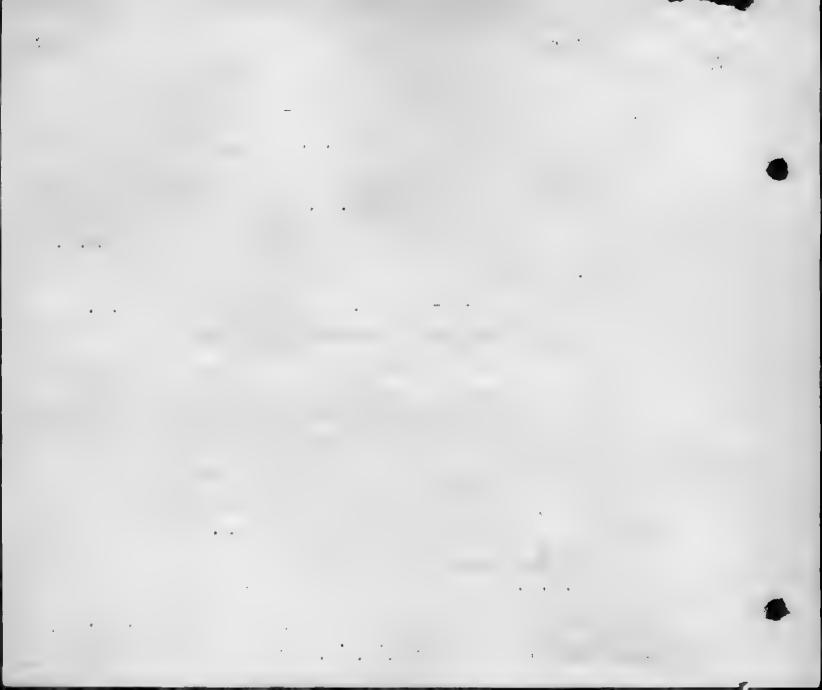
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

EARCH AND RECORDS — BALTIMORE 1, MARTLAND	
FICATE OF DEATH	1141

	o. COUNTGATTETT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Iviaryland. Garrett	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest town) RURAL SWANTON	80 years	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Rural Swanton	
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION ONE MILE West of Swan		d. STREET ADDRESS one mile West of Swanton one farm? YES NO	?
)	3. NAME OF DECEASED (Type or print) Milfred	Charles	Glass 4. DATE October 29 of 19 6	בי
	5. SEX 6 COLOR OR RACE 7. MARRI White Widowe	IEDA NEVER MARRIED	B. DATE OF BIRTH Sept. 2, 1877 9. AGE (In yeors lost by thdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HI Months Doys Hours Min	
	10a USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired) Retired Farmer OW		IMARYLAND. 12.CITIZEN OF WHAT COUNTRY U.S.A.	SA5
	Joseph Glass		Caroline Sweitzer	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (It yes, give wor or dotes of service)		rs. Helen Winters Swanton, Md.	
Ţ	CATIO	ente Hyprandente Horondo caletes Melle CONTRIBUTING TO DEATH BUT	The file terminal disease condition given in Part 3(a) 19. Was autops performed? Yes \[\] No [Enter noture of injury in Port 1 or Part 11 of item 18.)	SY
	3 20c TIME OF INJURY Month, Day, Year 20d IN	NJURY OCCURRED 200 PL	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Stochory, street, office bidg., etc.)	ote)
	Hour o. m. 19 While at warl	at work		
	sow the deceased alive an Act 1.25 220 SIGNATURE Auth Colontale 22c PHYSICIAN'S NAME (Type) Ralph Calandr	19 6 1, and that 6	1 7:0110	ve.
-	23g BURIAL CREMATION 23b DATE THEREOF BUYER 10 11/1/1961	23c NAME OF CEMETERY OF GEORGE Ceme	OR CREMATORY 23d LOCATION (City, town, or county) (State)	
	24 FUNDAL DIRECTORS SIGNATURE	ADDRESS Oakland	, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CATCHER S. Thomas	





TO F.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11429

11415

	1 PLACE OF DEATH o, COUNTY		2 USUAL RESIDENCE (Whe		on: Residence before admission)
	Garrett	MARYLAND	Maryland	ь. county Ga	rrett
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RI	JRAL and give nearest town)
	_ Oakland	minutes	X Onkland		
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Garrett County Memor	rial Hospital	Penningto	n Street	YES NO
	3. NAME OF First	Middle	Last	4. DATE Mon	fh Day Year
	(Type or print) BOSS	Littman	Lawton	OF DEATH October	3 1961
	S SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female White WIDOW	ED DIVORCED	June 21. 1883	78 yrs	Months Days Hours Min.
i	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slate o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Own Home	Swanton,	Marvland	United States
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
1	Louis Littman		Cocelia Ta	aggant.	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	ess
	(Yes, no, or unknown) [If yes, give wor or dates of service]	none Ar	thur Lawton Jr	. (son) Cak	land, Md.
	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	Lecitel 16	a cell	(XCC.1	ONSET AND DEATH
	420.1 DUE TO 13	7	/ .		6-
	Conditions, if any, which) (b)	11 Halili	Tile 10, 0	X(1. × 100 × 1	
	gove rise to immediate Couse (o), stating the under-	1	,-		1/1-
	lying couse lost.	1/11/50	(17.0.x1.)	166,5%
	Z PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS JINDERLYING COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH				YES NO
	200 ACCIDENT WAS UNDERLYING 1 206. DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	ort I or Port II of item 18.)	
	20c TIME OF INJURY Month Doy, Year 20d. I Hour o.m. While p. m. 19 of wor	f	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)		(County) (Stote)
	p. m. 19 of wor	rk Ol work			
	21 1 certify that (I) (this hospital) attended	ded the deceosed fram.	Chruscy 19 19	16 10 October	3. 19.61, that (1) (we) lost
	saw the deceased alive on set over	- 3 19 6 , and that d	eath occurred af	M, fram the causes an	d on the date stated above
	220. SIGNATURE 7	111:	ATTENDING "MEI	D STAFF	22b. DATE
	(1-/11111111111111111111111111111111111	1166	AD PHYS () DIR	ECTOR PHYS	1/4:16/
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		' /
	A. E. Mance, M. D.		Oakland,	Mary Land	
	230 BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City town, o	or county) (State)
	Burial" 10/5/61	Oakland Cen	etery	Oakland	Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE	A ADDRESS			STRAR'S SIGNATURE
_	Gerald DI. Minniel	Oakland, As	iryland DATE OC	19 '61 CI~	Um S. Kine

Outober 2 61

Rebruary My Al October 3 les

Cumb.

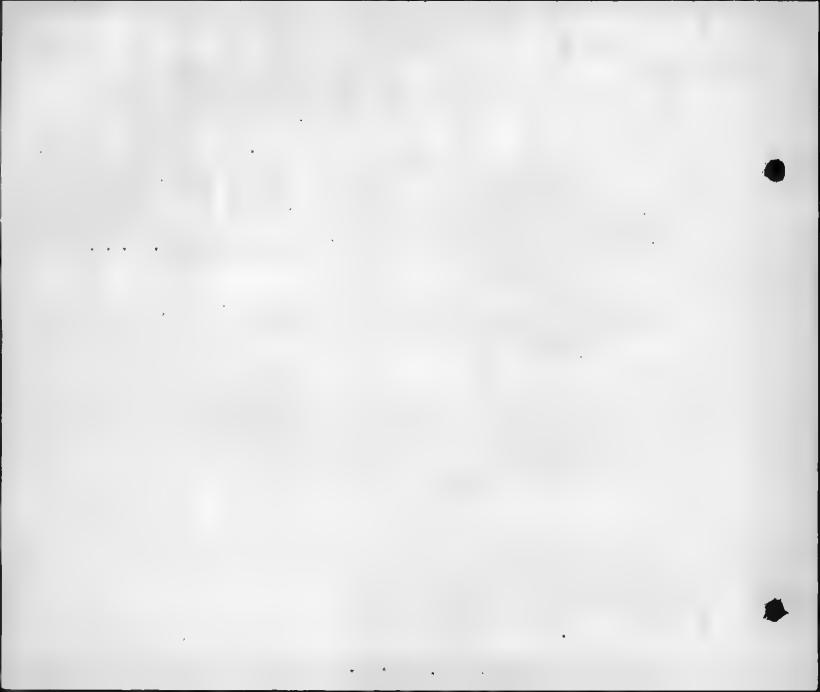
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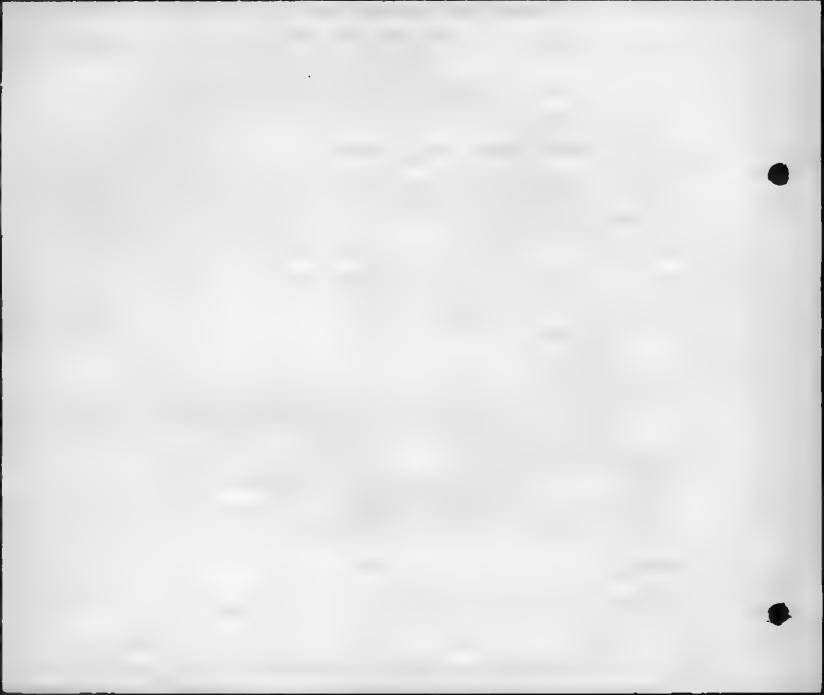
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VS A15 (4)

15M 10/57



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		CERTIFICATE OF DEATH Reg. Dist. No. 25.463
I director, filed with	N/II	1. PLACE OF DEATH o. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY O. COUNTY O. STATE MARYLAND
P g g	141)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ond give nearest town) RURAL ond give nearest town) RURAL ond give nearest town)
by the fun d 2 shauld		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS or IS RESIDENCE ON A FARM? YES NO
es da ii.		3. NAME OF DECEASED (Type or print) Victor Middle Lost 4. DATE Month Day Year OF DEATH Of 9 1961
letely is. Pag		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE TIN years I F UNDER 1 YEAR IF UNDER 24 HRS. 15. SEX White WIDOWED DIVORCED Mark 12 1884 7 yrs Manths Days Hours Min.
and mm bam paper er death.		100. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wary land 2.5
P S S S		13. FATHER'S NAME UNKnown Unknown
2	(I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. of unknown) (If yes, give wor or dates of service) NONL Harvey Michaels Friends willer MI
otteniji sn jean		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREM 1'A ONSET AND DEATH
by the sit. The ny evell		Conditions, if ony, which) the CARDIOVAS CULAR TAILURE
an. sit pern nd in o		gave rise to immediate cause (a), stating the under lying couse last. DUE TO Art ERIOS claratic HEART DISEASE
physicie tos berri iol-tran noval, a		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
ificate har the bur		20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CA
al or at this cert r use as		Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 of work of wark 19 of work at wark 19 of work 19
e haspit : After ched fo	,	21. I certify that I attended the deceased from 9 oly 194, to 40 from the causes and on the dote stated above,
d by the CTOR be deto	1	ACTUAL SIGNATURE Ledus Liviera M.D. Friends ville, Md 10-10-
retaine		PHYSICIAN'S PEDRO RIVERAMO
may by page 3 the regi		220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Cremation Oct 11 1961 Sand Spring Cemetery Friends Sile Gassett M.D.
VS A1S (4) 15M 9/55		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MA DATE OV 15'67 CITIEN & Thomas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a. COUNTY b. COUNTY director. Page or your files. and of Hoelith Garrett Garrett MARYLAND larvland b. CITY OR TOWN (if outside corporate I mits, E. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Grantsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) Lawrence Conrad Miller DEATH 1967 Oct. 5. 5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1908 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Male WIBOWED [DIVORCED 1, 2, a ge 5 and 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if relired) Grantsville, Md. Retired Coal Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilson E. Miller Lydia Wisseman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detas of sarvice) Yes Ivan Miller. Grantsville. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Pulmonary Hemorrhage, massive, acute ONSET AND DEATH Sudden a burial-r DUE TO Undetermine (b) Pulmonary Tuberculosis gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY should be u PERFORMED? TON T 20a. EXTERNAL CAUSE WAS 20h. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Pert II of Item 18.) Chief Mecage 3 shout to burial, a PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. forwarded to the Chies IL DIRECTOR: Page 3 lated agent, prior to bu 20c. TIME OF INJURY Month, Day, Yeer 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df, (City or town) (State) (Courty) factory, street, office bldg., atc.) Not While Hour a.m. at work at work execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X and in my opin on death resulted from: Natural causes X Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATUL DEPUTY MEDICAL EXAMINER 10-18-61 James H. Feaster, Jr., M. D. NAME (Typa) Address (Street, city, town, or county) Uak . , 22% BURIAL CREMATION 726. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 409 Grantsville. Md. Grantsville, Garr FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE VS. ATSME Grantsville, Md. arthur S. Kraus Gunza. 5M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

11433

CERTIFICA	TE OF DEATH
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTAPPETT.
	0.000

arthur & thouse

1. PLACE OF DEATH o. COUNTY Terrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY rett
b CITY OR TOWN (If outside corporate limits, write RURA) and give nearest lown). Rural Oakland,	60 yrs.	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland,
d. NAME OF HOSPITAL (If not in hospital, give street of National Contine		R STREET ADDRESS Near Gortner, Md. S. RESIDEN ON A FAR

١	3. NAME OF	Firs Jacob		Middle	Doto	Last	E van	4 DATE OF	Mon		Do	,	Yeor
١	(Type or print)	อูสเบอ		ป •	rete	rshe	FIII	DEATH	Octob	er	ο,		1961
ı	5 SEX	6 COLOR OR RACE	7. MARRIED IX	NEVER MARRIED	B. DAT	E OF BIRTH				IF UND	R 1 YEAR	IF UND	ER 24 HRS
	Male	上げいオキュー - 1	WIDOWED [DIVORCED			189	S	last birthday) 69 yrs	Months	Doys	Hours	Min.
ı	10a. USUAL OCCUPATION (Give kind of work done of the KIND OF Farmer of working life, even if retired) OWN F			of Business or in Farm	- 1	Nest					S.F		OUNTRY?

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonas C. Petersheim Barbara Schlabach

17 INFORMANT WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address R.D.#2. Oakland, Md. John Petersheim no

PART I. DEATH WAS CA	only one couse per line for (g), (b), and (c).] LUSED BY E CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO Parkinson's Wisease (b) Parkinson's Wisease (c)	4 /san

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G YEN IN PART 1(6) PERFORMED? YES NO 1

CERTIFICATIO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) MEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY (County) (Stote) Doy, 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m Not while ot work at work

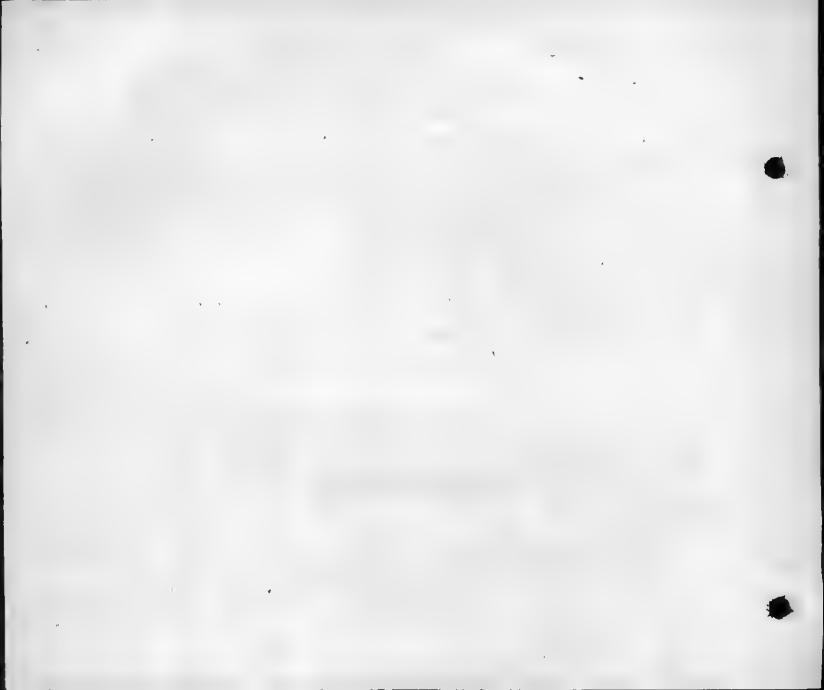
ottended the deceased from 21 1 certify that (I) (this haspita!) from the couses and on the date stoled above. sow the deceased alive on and that death accurred at 220 SIGNATURE

DIRECTOR . M.D. 22d ADDRESS 22c PHYS CIAN S Leighton. M.D. Oakland, Maryland.

236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Slabaugh Cemetery hear Gortner. Maryland. 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR

Oakland, Md.

TO F



CERTIFICATE OF DEATH

Reg. Dist. No.

11419

77/21				reg. Dist. No.
a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: b. COUNTY	Residence before admission)
Garrett		Pennsylv		Somerset
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	arporate limits, write RUR	AL and give nearest town)
Grantsville, Md.	10 days	Berlin, Pa.		15X-3
d. NAME OF HOSPITAL (If not in bosnito), give street or	ddress)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION GOOdwill Menno	nite Home	739 Main St	t.	ON A FARM? YES NO 🔼
NAME OF First	Middle	Lost 4. DA		Day Year
(Type or print) (ARENCE	11/.	TIPTON DE	ATH Octob	er 10 1961
SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED		July 26, 1884	last birthday) yrs.	Manths Days Haurs Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Soft drink bottler + d	listributor	Somerset Co	Pa.	U.S.A.
3. FATHER'S NAME	7011100701	14. MOTHER'S MAIDEN NAME		
John W. Tipten		Emma Reit	Z	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SO	OCIAL SECURITY NO. #	IFORMANT	Addres	3
(Yes, no, or unknown) Iff yes, give war or dates of service)		eland Tipton,	03 Div.St	., Berlin, Pa.
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Thronie myoc	ardial failur	a	ONSET AND DEATH
IMMEDIATE CAUSE (o)				,
400 400	arterioscler	otic heart di	9222	10 vrs
gave rise to immediate	T 001 + 000 T 01	OULO MODE O GI	50050	10 310
cause (a), stating the under-				
lying cause last.) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	PERFORMED?
5				YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I as	Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJ Haur a. m. While at wark		CE OF INJURY (Home, form, 20f.	(City or town)	(County) (State)
Haur o. m. 19 While	INUI WILLIE	tary, street, affice bldg., etc.)		
p. m. Iy at wark		61 004	18 61	
21. I certify that I attended the decease	•	19 L, to UCT	. 10 , 1961,th	at I last saw the deceased
alive an OCT. 9 190-	and that death	accurred at 1210 AM, fro	am the causes and	an the date stated above
- 0 '	1-	ADDRES	\$ (Street, city or town, ste	ole) DATE SIGNED
SIGNATURE 9 Paine	Alsong,	A.D. Grantsvil	le, Md.	Oct. 18
PHYSICIAN'S A. Paige Str	ong	Grantsvil	le, Må.	1961
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d. LO	OCATION (City, tawn, ar	county) (State)
REMOVAL (Specify)	LOOF	Berl		41
SURIAL 10-13-6	ADDRESS	24g, REC'D BY RE		RAR'S SIGNATURE
12 9 n	1 Of Mr.	DATE OCT 13		of S. Kraus
AUDA THAIRMAN X LAND	UNINVUA TULA	A LLL A LL N DATEST " "		

O HO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be a seriously the haspital or attending physician. O FUXEXAL DIRECTOR: After this certificate has been signed by the ottending physician and completely file in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUX VS A15 (4) 15M 9/S8

MANAGE TO THE REAL PROPERTY. PARAMETER STATE AND SHOP STATE OF M. Carrier and M. Car and it was a first or and the same of the same of and the second s 5977 THE REPORT OF THE PROPERTY OF Application of the second seco the state of the state of the smaller and

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BC	thou	0.4	S.	
1	sase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page A should be forwarded to the Chief Medical Framiner's Office along with form PM3 Page 5 manche retained for your files.	0	8	
6		H	a	

0

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11420

a. COUNTY			CE (Where deceased lived, If		ce before admission)			
Garrett	MARYLAND	Maryland	b. coun	rrett				
b. CITY OR TOWN (if outside corporate limits, c. LE write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (I	foutside corporate timits, write	RURAL and give	nearest town)			
	nutes	Mt. Lake	Park					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		d. STREET ADDRESS	a ora ga		I e. IS RESIDENCE			
3 Mi. West in Woods along	Rt. #50	Loch Lyn	n /		ON A FARM?			
3. NAME OF First	Middla	Last	4. DATE Month	Day	Yes NO NO			
DECEASED (Type or print)			OF					
James Russ		DATE OF BIRTH	00000		19 61			
7. MAKKED A			9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS.			
Male White widowed			389 72 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?			
Retired Coal Miner Soft (Joal Mines	Maryland	l.	U.S.A				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
George Walters		Lula Wes	t					
	L SECURITY NO. 17. I	NFORMANT	Address					
	4-6857 Mrs	. Bertha H	larvey Mt.	Lake Pa	nle Ma			
18. CAUSE OF DEATH [Enter only one cause per line for [(a), (b), and (c).)	201 01100 1	TOT ACA THOS.		ERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ON	ONSET AND DEATH						
4201	cardial I	ilar colon		1/17	.112			
DUE TO								
Conditions, if any, which (b)								
(a), stating the undarlying DUE TO								
cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
CAT				Y	ES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY or CONTRIBUTING CAUSE OF DEATH.	W INJURY O CCURED. (E	nter nature of Injury In Part	I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Whila No all work as all work		CE OF INJURY (Homa, farm		(County)	(Slete)			
Hour a.m. p,m, 19 Whila No al work all a work	N. 14 1010	ry, street, office bldg., etc.						
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion								
death resulted from: Natural causes XI. Accident								
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED								
SIGNATURE	an fin he s			10	-7-61			
EXAMINER'S	T. N. 7	DEPUTY MEDICAL	731	7 5 3				
NAME (Type) James H. Feaster	JP . M. I	Address (Street, c	ity, town, or county) 0 a kc 22d. LOCATION (City, town,	Land, M	-			
KEWOAVE (Shecila)					(Stata)			
	ce Cemeter		Jorman, Garr		*			
23, UNERAL DIRECTOR AD	DDRES\$		D BY REGISTRAR 24b. REGI	STRAR'S SIGNATU	IRE			
My Jargellon	Oakland,	Md. DANCT	13'61 (1-11	2. S. Klaus				
			- LACHE	- d - / Ulana				

